

CERTIFICATE OF ORGANIZATION

LIMITED	LIABILITY COMPANY	11 JUL 21 AM 8:47
(Instruct	ons on back of application)	SECHALLAY OF STATE STATE OF IDAHO
1. The name of the limite	d liability company is:	STATE OF IDAHO"
	Bitterroot Repair LLC	
2. The complete street an	d mailing addresses of the initial desig	gnated/principal office:
2755 Lolo Cr. Road. V	Velppe Id. 83553	
(Street Address) P.O. Box 65 Weippe Id 83	553	1
(Mailing Address, if different than		
B. The name and complet	e street address of the registered age	nt:
Omer Kannan		
Sam Kasper (Name)	2755 Lolo Cr. Road Weippe (Street Address)	10 83553
	(
I. The name and address company:	of at least one member or manager of	of the limited liability
<u>Name</u>	Ado	iress.
Sam Kasper	P.O.Box 65 Weippe Id 8355	3
	(0 0 mm 1 - 1	0 52 1
		Co Road experts.
		83533)
	SO Mall Se	Ne to street adm
_	re correspondence (annual report not	ices):
P.O.Box 65 Weippe Id 835	53	
,	7 11	
6. Future effective date of	filing (optional):	
Signature of a manager, person.	member or authorized	
/ //	/	Secretary of State use only
Signature Sam /h		
yped Name: Sam Kasper		
		IDANO SECRETARY OF STATE
Signature		97/21/2011 95:00

CK: 585988850 CT: 269838 BH: 1283341 1 0 100.00 = 100.00 ORGAN LLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3

Typed Name: